

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Radiation Therapy Services, Inc Political Action Committee

ADDRESS (number and street) 2234 Colonial Blvd.  
Attn: Margarita Suarez  
 Check if different than previously reported. (ACC)  
Fort Myers FL 33907

2. **FEC IDENTIFICATION NUMBER** C00385120  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2006 through 03 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Daniel E. Dosoretz, MD

Signature of Treasurer Electronically Filed by Daniel E. Dosoretz, MD Date 04 17 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Radiation Therapy Services, Inc Political Action Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		68850.00
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	68850.00									
(c) Total Receipts (from Line 19) .....	4708.00	4708.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	73558.00	73558.00								
7. Total Disbursements (from Line 31) .....	1830.00	1830.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	71728.00	71728.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Radiation Therapy Services, Inc Political Action Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4528.00	4528.00
(i) Itemized (use Schedule A) .....	180.00	180.00
(ii) Unitemized .....	4708.00	4708.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	4708.00	4708.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	4708.00	4708.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4708.00	4708.00

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	1830.00	1830.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	1830.00	1830.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1830.00	1830.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1830.00	1830.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	4708.00	4708.00
34. Total Contribution Refunds (from Line 28(d)) .....	1830.00	1830.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2878.00	2878.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Radiation Therapy Services, Inc Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Angelica Gukes

Mailing Address 4351 NE 22nd Ave

City State Zip Code  
Fort Lauderdale FL 33306

FEC ID number of contributing federal political committee. **C**

Name of Employer n/a Occupation Housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ -1000.00

Date of Receipt  
01 / 15 / 2006

Transaction ID: 23866002

Amount of Each Receipt this Period  
0.00

**[MEMO ITEM]**  
Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$-1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs MONICA ROLDAN

Mailing Address 17350 GARDEN COURT

City State Zip Code  
FORT MYERS FL 33908

FEC ID number of contributing federal political committee. **C**

Name of Employer 21Century Oncology, Inc Occupation Director Information Systems

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ -530.00

Date of Receipt  
01 / 15 / 2006

Transaction ID: 23866003

Amount of Each Receipt this Period  
0.00

**[MEMO ITEM]**  
Refund(s) on Schedule B Totaling \$530.00 This changes the YTD Total to \$-530.00

**C.** Full Name (Last, First, Middle Initial)  
MARK LESLIE SOBCZAK

Mailing Address 5671 KINGSMILL DRIVE

City State Zip Code  
SALISBURY MD 21801

FEC ID number of contributing federal political committee. **C**

Name of Employer Katin Radiation Therapy, PA Occupation Medical Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
02 / 06 / 2006

Transaction ID: 23742011

Amount of Each Receipt this Period  
1000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Radiation Therapy Services, Inc Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr JAMES H. STEVENS, MD

Mailing Address 4660 DESTINY WAY

City DESTIN State FL Zip Code 32541

FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology, Inc Occupation Medical Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
Transaction ID: PR1567294913939

Amount of Each Receipt this Period  
1200.00

P/R Deduction (\$200.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Dr JAMES H. STEVENS, MD

Mailing Address 4660 DESTINY WAY

City DESTIN State FL Zip Code 32541

FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology, Inc Occupation Medical Doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 6

Transaction ID: 23866004

Amount of Each Receipt this Period  
0.00

**[MEMO ITEM]**  
Refund(s) on Schedule B  
Totaling \$200.00 This changes the YTD Total to \$10-00.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. VICTORIA DANTON

Mailing Address 1409 DAVIS DRIVE

City FT. MYERS State FL Zip Code 33919

FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology, Inc Occupation Admin Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR1580095113939

Amount of Each Receipt this Period  
450.00

P/R Deduction (\$75.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1650.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 10	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Radiation Therapy Services, Inc Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Keith Lawrence Miller

Mailing Address 12731 Terabella Way

City State Zip Code  
Fort Myers FL 33912

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
21st Century Oncology, Inc Medical Doctor

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
M M / D D / Y Y Y Y

**Transaction ID: PR1692755713939**

Amount of Each Receipt this Period  
900.00

P/R Deduction (\$150.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4528.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Radiation Therapy Services, Inc Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Mrs. Angelica Gukes</b>		<b>Transaction ID: 23742133</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 6
Mailing Address 4351 NE 22nd Ave		Amount of Each Disbursement this Period 1000.00
City Fort Lauderdale State FL Zip Code 33306	Purpose of Disbursement Refund of contribution Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund of contribution

Full Name (Last, First, Middle Initial) <b>B. Mrs MONICA ROLDAN</b>		<b>Transaction ID: 23742128</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 6
Mailing Address 17350 CARDEN COURT		Amount of Each Disbursement this Period 530.00
City FORT MYERS State FL Zip Code 33908	Purpose of Disbursement Refund of contributions Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund of contributions

Full Name (Last, First, Middle Initial) <b>C. Dr JAMES H. STEVENS, MD</b>		<b>Transaction ID: 23463601</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 4660 DESTINY WAY		Amount of Each Disbursement this Period 200.00
City DESTIN State FL Zip Code 32541	Purpose of Disbursement Refund - Exceeded limit Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund - Exceeded limit

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1730.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1730.00</b>